

Komal Holdings Limited - Bloomfield Court Retirement Home

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Komal Holdings Limited
Premises audited:	Bloomfield Court Retirement Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 19 March 2019 End date: 19 March 2019
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	21

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
Yellow	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Bloomfield Court Retirement Home is owned by Komal Holdings Limited and provides care for up to 27 residents requiring rest home level care. On the day of audit there were 21 residents.

The service is managed by a nurse manager who is supported by the owner and a full-time enrolled nurse. Residents and families interviewed were complimentary of the care and support provided. Staff turnover remains low.

This certification audit was conducted against the Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management and staff.

This certification audit identified areas for improvement relating to the annual performance appraisals, progress notes and medicine management and documentation.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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The staff at Bloomfield Court Retirement Home ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Discussions with families identified that they are informed of changes in their family member's health status. Information about the Code and advocacy services is easily accessible to residents and families. Staff interviewed are familiar with processes to ensure informed consent. Complaints policies and procedures meet requirements and residents and families are aware of the complaints process.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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Bloomfield Court Retirement Home is establishing a quality and risk programme. Progress with the quality and risk management programme is monitored through the two-monthly management/quality improvement and general staff meetings. Data is collected on complaints, accidents, incidents, infection control and restraint use. The internal audit schedule for 2019 is being completed as per the schedule. There is a business plan for 2019-2021 in place. Resident/relative meetings are held two-monthly. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. The service has an

annual training plan for in-service education. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

Continuum of service delivery

<p>Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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There is an admission package available prior to, or on entry to the service. The nurse manager is responsible for each stage of service provision. Care plans viewed demonstrated service integration and are reviewed at least six monthly. Resident files include medical notes by the contracted general practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. Staff responsible for the administration of medicines complete education and medication competencies. Medication charts are reviewed three monthly by the general practitioner. The activities coordinator and staff implement the activity programme to meet the individual needs, preferences and abilities of the residents. Residents are encouraged to maintain community links. There are regular entertainers, outings, and celebrations. Residents and families reported satisfaction with the activities programme. All meals are cooked on-site. Residents' food preferences, dislikes and dietary requirements are identified at admission and accommodated.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building has a current warrant of fitness and emergency evacuation plan. Ongoing maintenance issues are addressed. Chemicals are stored safely throughout the facility. All bedrooms are single occupancy, and some have shared ensuites. There is sufficient space to allow the movement of residents around the facility using mobility aids. There is a lounge and dining area in the facility. There were adequate communal toilets and showers. The internal areas are adequately ventilated and heated. The outdoor areas are safe and easily accessible. Cleaning, laundry and maintenance services are maintained. Emergency and disaster management systems are in place in the event of a fire or external disaster. There are staff on duty 24/7 with a current first aid certificate.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Bloomfield Court Retirement Home has restraint minimisation and safe practice policies and procedures in place. There were no residents requiring the use of a restraint or enabler. Staff have received training in restraint minimisation.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.

Standards applicable to this service fully attained.

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. There is a suite of infection control policies and guidelines to support practice. Standardised definitions are used for the identification and classification of infection events. The infection control coordinator is responsible for coordinating education and training for staff.

Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	42	0	2	1	0	0
Criteria	0	89	0	2	2	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Policies and procedures are in place that meet with the requirements of the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and relevant legislation. An information pack is available to residents/families prior to admission and contains information of their rights. Discussions with five care staff, including one nurse manager, one enrolled nurse (EN) two caregivers and one activities officer confirmed their familiarity with the Code. Six residents and two-family members interviewed confirmed the services being provided are in line with the Code.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Bloomfield Court Retirement Home has in place a policy for informed consent and advance directives. Advance directives and/or resuscitation status are signed for separately by the competent resident. Completed advance directive and resuscitation forms were evident on five resident files reviewed. General consent forms were evident on files reviewed. Caregivers and the nurse manager and EN interviewed confirmed verbal consent is obtained when delivering care. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives.</p>

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>Client right to access advocacy and services is identified for residents. Advocacy leaflets are available in the service reception area. The information pack provided to residents prior to entry includes advocacy information. The information identifies who the resident can contact to access advocacy services. Staff were aware of the right for advocacy and how to access and provide advocate information to residents if needed. Residents and family members that were interviewed were aware of their access to advocacy services.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	<p>FA</p>	<p>Residents and relatives confirmed that visiting could occur at any time. Key people involved in the resident's life have been documented in the resident files. Residents verified that they have been supported and encouraged to remain involved in the community, including being involved in regular community groups. Entertainers are regularly invited to perform at the facility.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The service has a complaints policy that describes the management of complaints process. There are complaint forms available at the service entrance. Information about complaints is provided on admission. Interviews with residents and relatives confirmed an understanding of the complaints process. There have been four complaints made in 2018 and one complaint received in 2019 year to date (this complaint is still open and ongoing). The five complaints reviewed have been managed appropriately with acknowledgements, investigation and responses recorded. Family members stated that the new management team work with them to ensure they are happy with services.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>The Code and advocacy pamphlets are located at the main entrance of the service. On admission the nurse manager or EN discusses the information pack with the resident and the family/whānau. This includes the Code, complaints and advocacy information. The service provides an open-door policy for concerns/complaints. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident. Residents and relatives interviewed identified they are informed about the Code. Staff receive training on the Code which was last completed in February 2018.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And</p>	<p>FA</p>	<p>Staff interviewed were able to describe the procedures for maintaining confidentiality of resident records, resident's privacy and dignity. Residents and relatives interviewed reported that residents</p>

<p>Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>		<p>are able to choose to engage in activities and access community resources. There is an abuse and neglect policy in place. Staff receive training on abuse and neglect which was last completed in November 2018.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	<p>FA</p>	<p>The service has guidelines for the provision of culturally safe services for Māori residents. On the day of the audit there were no residents that identified as Māori. The service has established links with the local Nga Hau e Wha National Marae. Staff confirmed they are aware of the need to respond appropriately to maintain cultural safety. Staff receive training on cultural safety and Treaty of Waitangi which was last completed in June 2018.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	<p>FA</p>	<p>Care planning and activity goal setting includes consideration of spiritual, psychological and social needs. Residents and family members interviewed indicated that they are asked to identify any spiritual, religious and/or cultural beliefs. Family members reported that they feel they are consulted and kept informed and family involvement is encouraged.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>The staff employment process includes the signing of house rules. Job descriptions include responsibilities of the position and ethics, advocacy and legal issues. The orientation programme provided to staff on induction includes an emphasis on privacy and personal boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>The service meets the individualised needs of residents with needs relating to rest home level care. The quality programme has been designed to monitor contractual and standards compliance and the quality of service delivery in the facility. Staffing policies include pre-employment, the requirement to attend orientation and ongoing in-service training. The nurse manager is responsible for coordinating the internal audit programme. Two-monthly management/quality improvement meetings, general staff meetings and resident/relative meetings are conducted. Residents and relatives interviewed spoke positively about the care and support provided. Staff interviewed stated that they feel supported by management.</p>

<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>There is a policy to guide staff on the process around open disclosure. Residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement. Information is provided in formats suitable for the resident and their family. Residents and relatives interviewed confirmed that management and staff are approachable and available. Twelve incident forms reviewed identified family were notified following a resident incident. Relatives interviewed confirmed they are notified of any incidents/accidents. Families are invited to attend the two-monthly resident/relative meeting. The service has policies and procedures available for access to interpreter services for residents (and their family). If residents or family/whānau has difficulty with written or spoken English, then interpreter services are made available.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Bloomfield Court Retirement Home is owned by Komal Holdings Limited and provides care for up to 27 residents requiring rest home level care. On the day of audit there were 21 rest home residents. All residents are under the age related residential care (ARRC) agreement. The owner purchased Bloomfield Court Retirement Home in June 2015. The owner closely supports the nurse manager who has the responsibility of the daily operations, and oversees the delivery of services. The nurse manager is supported by a full-time EN. The previous nurse manager is also available when the nurse manager is absent and completes part-time administration duties.</p> <p>There is a business plan for 2019-2021 in place. Goals identified included (but are not limited to): upgrade the accommodation and environment, and provide quality training in the areas of care services. There have been environmental improvements and purchase of new equipment. The refurbishing plan is ongoing. Staff interviewed confirmed the communication levels are good and the staff work together as a team. Residents and families interviewed spoke highly of the staff and the services provided.</p> <p>The nurse manager has attended at least eight hours of training relating to the management role.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services</p>	<p>FA</p>	<p>The nurse manager reported that in the event of her temporary absence the previous nurse manager will fill the role with support from the EN and care staff.</p>

to consumers.		
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>Bloomfield Court Retirement Home has an established quality and risk management programme. Progress with the quality and risk management programme is being monitored through the two-monthly management/quality improvement and general staff meetings. Data is collected on accident/incidents, infection control, complaints and restraint use and entered into an online system which provides reports graphs and trends. The data is then benchmarked against other similar facilities. Staff interviewed were aware of quality data results and any corrective actions required. Meeting minutes have been maintained and staff are expected to read the minutes. Minutes for all meetings have included actions to achieve compliance where relevant.</p> <p>Policies and procedures provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001. An external provider provides updates and reviews with the nurse manager conducting further reviews to ensure that each policy aligns with the service. New policies or changes to policy are communicated to staff. An annual internal audit schedule was sighted for the service with evidence of internal audits occurring as per the audit schedule. Corrective actions are implemented when required and are signed off by the nurse manager when completed.</p> <p>The last resident/relative survey was conducted in March 2018. Comments were positive with residents/relatives indicating a strong sense of satisfaction of the overall service being provided. Residents/families were surveyed around resident care and likes/dislikes, cultural awareness, grounds, environment cleanliness, staffing, activities programme and quality of meals. There is a health and safety and risk management system in place including policies to guide practice. The nurse manager was interviewed about the health and safety process. There is a current hazard register in place which was last updated on 12 March 2019. Staff confirmed they are kept informed on health and safety matters at the quality/staff meetings. Fall prevention strategies are in place that include the analysis of fall incidents and the identification of interventions on a case-by-case basis to minimise future falls.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate</p>	FA	<p>There is an incident reporting policy that includes definitions and outlines responsibilities. Twelve accident/incident forms were reviewed for January and February 2019. All document timely RN review and follow-up. Neurological observation forms were documented and completed for three unwitnessed falls with a potential head injury. There is documented evidence the family had been notified of any incidents. Discussions with the nurse manager confirmed an awareness of the requirement to notify relevant authorities in relation to essential notifications including section 31</p>

their family/whānau of choice in an open manner.		notifications. There have been no section 31 notifications lodged since the last audit.
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	PA Low	<p>There are human resources policies to support recruitment practices. Five staff files (one nurse manager, one EN, two caregivers and one activities officer) were reviewed. The recruitment and staff selection process require that relevant checks are completed to validate the individual's qualifications, experience and suitability for the role. However not all performance appraisals have been completed annually as required. A current practising certificate was sighted for the nurse manager and EN.</p> <p>The service has an orientation programme in place to provide new staff with relevant information for safe work practice. Staff interviewed stated that they believed new staff are adequately orientated to the service. The nurse manager, EN and caregiver's complete competencies relevant to their role such as medications. There is an annual education planner in place that covers compulsory education requirements over a two-year period. The nurse manager has completed interRAI training and attended education sessions at the district health board (DHB).</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>At the time of the audit there were 21 of 27 rest home residents. The nurse manager and EN are supported by two caregivers (one long and one short shift) on the morning, two caregivers (one long and one short shift) on the afternoon shift, and one caregiver on the night shift. Residents and relatives interviewed stated there is adequate staff on duty and that staff were helpful and caring. Staff stated they feel supported by the nurse manager and EN who respond quickly to after-hours calls.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The service retains relevant and appropriate information to identify residents and track records. This includes information gathered at admission with the involvement of the family. Staff can describe the procedures for maintaining confidentiality of resident records and sign confidentiality statements. Files and relevant care and support information for residents is able to be referenced and retrieved in a timely manner.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when</p>	FA	<p>There are policies and procedures to safely guide service provision and entry to services including an admission policy. Potential residents are assessed as suitable for rest home care prior to admission. Residents receive an information pack outlining services able to be provided, the admission process and entry to the service. The admission agreements reviewed meet the requirements of the ARRC contract. Exclusions from the service are included in the admission</p>

<p>their need for services has been identified.</p>		<p>agreement. All five admission agreements viewed were signed and dated.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>The service has transfer/discharge/exit policy and procedures in place. Residents who require emergency admissions to hospital are managed appropriately and relevant information is communicated to the DHB using the yellow envelope system. Relatives interviewed confirmed they were kept well informed about all matters pertaining to residents, especially if there is a change in the resident's condition.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are policies and procedures in place for all aspects of medication management, including self-administration. There were two residents self-administering on the day of audit and both files demonstrated three-monthly competency assessments signed by the GP. The facility uses blister packs for the packaging of all medications. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. The nurse manager, enrolled nurse and senior caregivers administer medication. Medication competencies are updated annually, and staff attend annual education. The medication fridge temperature is checked weekly. Eye drops are dated once opened.</p> <p>Staff use a paper-based medication management system and sign for the administration of medication. Ten medication charts were reviewed and evidenced not all 'as required' medication documentation was completed as required. Controlled drug administration was documented in the controlled drug register, however not all documentation was completed as required. Medications have been reviewed at least three monthly by the GP. Photo ID and allergy status are recorded. 'As required' medications have indications for use charted.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>There is a functional kitchen and all food is cooked on site. A verified food control plan is implemented with an expiry date of 23 February 2020. There is a food service manual in place to guide staff. A resident dietary profile is developed for each resident on admission and is provided to the kitchen staff. The kitchen is able to meet the needs of residents who require special diets and the cook works closely with the RN. All kitchen staff have completed food safety training. The cooks follow a rotating menu, which has been reviewed by a dietitian. The temperatures of refrigerators, freezers and cooked foods have been routinely monitored and recorded. There is special equipment available for residents if required. All food is stored appropriately. Residents and the family members interviewed were very happy with the quality and variety of food served.</p>

<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	The service records the reason for declining service entry to residents should this occur and communicates this decision to potential residents/family/whānau. Anyone declined entry is referred back to the referring agency for appropriate placement and advice.
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	Files sampled indicated that all appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate. Files contain appropriate assessment tools and assessments that have been reviewed at least six monthly or when there was a change to a resident's health condition. Residents who presented with a change in health were reviewed and identified prompt communication with the GP when indicated. The GP confirmed he was contacted in a timely manner. The interRAI assessment tool is implemented. InterRAI assessments have been completed for all long-term residents. Care plans sampled have been developed on the basis of these assessments.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	The five resident files reviewed described the supports required to meet the resident's goals and needs. Residents and their family/whānau interviewed, reported that they are involved in the care planning and review process. Short-term care plans (STCP) are in use for changes in health status and had been evaluated on a regular basis and signed off as resolved or transferred to the long-term care plan if an ongoing problem. There is evidence of service integration with documented input from a range of specialist care professionals including: the podiatrist, physiotherapist and dietitian. The care staff advise that the care plans are clear and easy to follow.
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	Food and fluid charts, staff interviews, observation of staff and equipment and progress notes sighted indicated that appropriate interventions are provided as documented in care plans. The caregivers report progress against the care plan each shift. If external nursing or allied health advice is required the nurse manager will initiate a referral (eg, to the district nurse). If external medical advice is required, this will be actioned by the GP. Staff have access to sufficient medical supplies (eg, dressings). Sufficient continence products are available and resident files include a continence assessment and plan.

		<p>Specialist continence advice is available as needed and this could be described. Wound monitoring was in place for five residents, four with one wound each and one with multiple areas (included two residents with skin tears, one with a single lesion, one resident with multiple lesions, and one with calloused skin also under podiatry care). All wounds had assessments and management plans. All wounds have been reviewed in appropriate timeframes. The service has access to specialist nursing wound care management advice through the district nursing service. Interviews with the nurse manager, EN and caregivers demonstrated an understanding of the individualised needs of residents.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>An activities coordinator is employed to operate the activities programme for all residents. Each resident has an individual activities assessment on admission and from this information, an individual activities plan has been developed by the activities coordinator. Each resident is free to choose whether they wish to participate in the group activities programme or their individual plan. Participation is monitored. All long-term resident files sampled have a recent activities plan, and this is evaluated at least six monthly when the care plan is evaluated.</p> <p>Group activities reflect ordinary patterns of life and include regular Baptist, Presbyterian, Methodist and Anglican church services, exercises, daily exercise sessions, word and quiz games and art and craft. There are van outings once a week. There are regular entertainers visiting the facility. Special events like birthdays, Easter, Mothers' Day and Anzac Day are celebrated. Community group visits include the local school and kindergarten. Outings to musical events as provided by the Christchurch Theatre Workshop and the local RSA are facilitated. Those residents who prefer to stay in their room have one-on-one visits to check if there is anything they need and to have a chat. Residents and families interviewed commented positively on the activity programme.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>The nurse manager and/or enrolled nurse evaluate all initial care plans within three weeks of admission. Files sampled demonstrated that the long-term nursing care plan has been evaluated at least six-monthly or earlier if there was a change in health status. There was at least a three-monthly review by the GP. Short-term care plans sighted were evaluated and resolved or added to the long-term care plan if the problem is ongoing, as sighted in resident files sampled.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p>	FA	<p>Referral to other health and disability services is evident in the resident files reviewed. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. There was evidence of where residents had been referred to the</p>

Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.		dietitian and physiotherapist. Discussion with the nurse manager and EN confirmed that the service has access to a wide range of support either through the GP, specialists and allied health services as required.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	There are policies regarding chemical safety and waste disposal. Management of waste and hazardous substances is covered during orientation and staff have attended chemical safety training. All chemicals are clearly labelled with manufacturer's labels and stored in locked areas. Safety datasheets and product sheets are available. Sharps containers are available. The hazard register identifies hazardous substances and staff indicate a clear understanding of processes and protocols. Gloves, aprons, and goggles or facemasks are available for staff.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	The service displays a current building warrant of fitness that expires on 20 June 2019. Regular and reactive maintenance occurs. Hot water temperatures are checked monthly and corrective actions implemented if required. Medical equipment and electrical appliances have been tested, tagged and calibrated. Residents were observed to mobilise safely within the facility. There are sufficient seating areas throughout the facility. The exterior has been well maintained with safe paving, outdoor shaded seating, lawn and gardens. Interviews with staff confirmed there was adequate equipment to provide safe care.
Standard 1.4.3: Toilet, Shower, And Bathing Facilities Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.	FA	All rooms are single occupancy. Five rooms have full ensuite, with a further twelve rooms having a toilet and hand basin shared between two rooms, and shared shower room facilities. There were sufficient numbers of resident communal showers in close proximity to resident rooms and communal areas. Visitor toilet facilities were available. Residents interviewed stated their privacy and dignity is maintained while attending to their personal cares and hygiene.
Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with	FA	Residents' rooms are of sufficient size to allow care to be provided and the safe use of mobility aids. Staff reported that there is adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.

adequate personal space/bed areas appropriate to the consumer group and setting.		
Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.	FA	There is a large lounge, dining room, library and small seating areas in the facility. The dining room is spacious and located directly off the kitchen area. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed reported they were able to move around the facility and staff assisted them when required. Activities take place in any of the lounge areas.
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	Cleaning and laundry services are monitored through the internal auditing system. There is a separate laundry area where all linen and personal clothing is laundered by caregivers. Staff have attended infection control education and there was appropriate protective clothing available. Residents and family interviewed reported satisfaction with the laundry service.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	FA	There is an emergency and disaster management plan in place to ensure health, civil defence and other emergencies are included. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service in January 2018. Six-monthly fire evacuation practice documentation was sighted, with the last fire evacuation drill occurring on 4 December 2018. There are adequate supplies available in the event of a civil defence emergency including sufficient food, blankets and alternate gas cooking (BBQ and gas bottle). There is sufficient water storage (two water tanks, 400 litres in total). There are civil defence supplies and first aid kits available that are checked on a regular basis. Emergency equipment is available at the facility. Short-term backup power for emergency lighting is in place. A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times. The nurse manager and EN hold current first aid certificates. There is a call bell system in place and there are call bells in the residents' rooms, and lounge/dining room areas. Residents were observed to have their call bells in close proximity.
Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with	FA	All bedrooms and communal areas have ample natural light and ventilation. All areas are appropriately heated as confirmed on interviews with staff and residents. Residents and family interviewed stated the environment was warm and comfortable.

adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.		
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The nurse manager is the designated infection control coordinator with support from the EN and all staff. The infection control coordinator oversees infection control for Bloomfield Court Retirement Home and is responsible for the collation of infection events. The infection control coordinator has a defined job description. Infection events are collated monthly and reported to all staff at regular meetings. Internal audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation and at annual training sessions. The infection control programme has been developed by an external contractor, reviewed annually and is linked to the quality system. Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The infection control coordinator has attended external infection control and prevention control education, including training at the DHB and at a session organised by the external contractor. The infection control coordinator and team (comprising all staff) has external support from the local laboratory infection control team and IC coordinator specialist at the DHB. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available. There is access to infection control expertise within the DHB, wound nurse specialist, public health, laboratory, GPs and an external infection control consultant. The GP monitors the use of antibiotics. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of</p>	FA	<p>There are infection control policies and procedures appropriate to for the size and complexity of the service. The infection control manual outlines a range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. The policies were developed by an external contractor and have been reviewed and updated.</p>

service provided.		
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Formal infection control education for staff has occurred. The infection control coordinator has completed infection control training. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak has been resolved. Information is provided to residents and visitors that is appropriate to their needs and this is documented in medical records.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The infection control coordinator/nurse manager oversees infection surveillance for Bloomfield Court Retirement Home. Surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on standard definitions as described in the surveillance policy. Results from laboratory tests are available monthly. There have been no outbreaks since the last audit.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Bloomfield Court Retirement Home has restraint minimisation and safe practice policies and procedures in place. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. There were no residents requiring restraint or enablers at the time of the audit. The service is committed to maintaining a restraint free environment. Staff receive training on restraint minimisation, last occurring in September 2018.</p>

Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	There are human resources policies to support recruitment practices. Five staff files (one nurse manager, one EN, two caregivers and one activities officer) were reviewed. The recruitment and staff selection process require that relevant checks are completed to validate the individual’s qualifications, experience and suitability for the role. However not all performance appraisals have been completed annually as required.	Twelve staff annual performance appraisals due to be completed in 2018 had not been completed at the time of the audit.	<p>Ensure that all staff where required complete an annual performance appraisal.</p> <p>90 days</p>
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage,</p>	PA Moderate	‘As required’ medication prescribing includes the reason for administration and frequency. The medication competent staff administer ‘as required’ medication based on the residents needs and record effectiveness of the medication. The time of administration of ‘as required’ documentation is	Two of ten medication signing sheets reviewed did not always	Ensure the time of administration of ‘as required’ medication is

disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.		not always documented.	document the time PRN medication was administered.	documented. 30 days
Criterion 1.3.12.6 Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.	PA Moderate	The controlled drug register is completed for all controlled drug administration. The controlled drug register records details of administration and weekly stocktakes, however not all documentation was completed as required.	i) Several entries in the controlled drug register did not document the time of administration. ii) Controlled drug stocktakes were not documented weekly.	i) Ensure the controlled drug register documents the time of administration. ii) Ensure controlled drug stocktakes occur weekly. 30 days
Criterion 1.3.3.4 The service is coordinated in a manner that promotes continuity in service delivery and promotes a team approach where appropriate.	PA Low	The care staff document in the resident's progress notes each shift and document all relevant activities. The EN or nurse manager document following significant changes in health but does not always document regular resident reviews.	The progress notes do not always reflect RN and EN entries	Ensure progress notes reflect regular RN review. 90 days

Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.